

**BEST AVAILABLE COPY**  
**CLAIMS ONLY**

NAME

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
	1							51						
2							52							
3							53							
4							54							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	17						TOTAL IND.							
TOTAL DEP.	15						TOTAL DEP.							
TOTAL CLAIMS	32						TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS